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CONFIRMATION NO. 4853

SERIAL NUMBER 10720,557	<i>MH 10-23-05</i> FILING DATE 11/24/2003 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 9130M
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APPLICANTS

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MH 10-23-05

** CONTINUING DATA *****

This appln claims benefit of 60/434,792 12/18/2002

MH 10-23-05

** FOREIGN APPLICATIONS *****

None MH 10-23-05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/24/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	<i>MH 10-23</i> SHEETS DRAWING 3	<i>MH 10-23-05</i> TOTAL CLAIMS 20	<i>MH 10-23-05</i> INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Sanitary napkin for clean body benefit

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)